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FEC FORM 5

# REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

| וט ס | e used by Persons (Other than   | i Politicai Committees) ilic        | iuding Qualined Norip | ront corporations      |                     |
|------|---|-------------------------------------|-----------------------|------------------------|---------------------|
|      | (a) Name of Individual, Organization  |                                     |                       |                        |                     |
| NΑ   | RAL Pro-Choice America  | à                                   |                       |                        |                     |
|      | (b) Address (number and street)   | check if different than previou     | ich roportod          |                        |                     |
|      | 1156 15th Street, NW  | Check if different than previou     | asiy reported         |                        |                     |
|      | Suite 700   |                                     |                       |                        |                     |
|      | (c) City, State and ZIP Code  |                                     |                       | 3. FEC Ide             | entification Number |
|      | Washington  |                                     | DC 20005              |                        |                     |
| 2.   | Corporate filers only   |                                     |                       | C c900                 | 04195               |
| ۷.   |   | r a qualified nonprofit corporation | n? X Yes              | No C300                | 04103               |
| -    |   |                                     |                       |                        |                     |
|      | Individual filers only Name of  | Employer                            |                       | Occupation             |                     |
|      |   |                                     |                       |                        |                     |
|      | 4. TYPE OF REPORT (check  | appropriate hoves):                 |                       |                        |                     |
|      | 4. TIPE OF REPORT (CHECK  | appropriate boxes).                 |                       |                        |                     |
|      | (a) April 15 Quarterly R  | eport                               |                       |                        |                     |
|      | Luky 45 Overdenky De  |                                     |                       |                        |                     |
|      | July 15 Quarterly Re  | port                                | 24-Hour Report        |                        |                     |
|      | X October 15 Quarterl   | y Report                            | •                     |                        |                     |
|      | Lanuary 04 Vacy Fr  | d Danash                            |                       |                        |                     |
|      | January 31 Year-En  | а нероп                             | 48-Hour Report        |                        |                     |
|      |   |                                     |                       |                        |                     |
|      |   |                                     |                       |                        |                     |
|      | b) Is this Report an amend  | dment? Yes No 🛚                     |                       |                        |                     |
|      | 5 COVEDING BEDIOD EDG   | 214                                 |                       |                        |                     |
|      | 5. COVERING PERIOD: FRO   | M M / D D /                         | Y                     |                        |                     |
|      |   | 07 01                               | 2011                  |                        |                     |
|      |   | THROUGH                             |                       |                        |                     |
|      |   | 09 30                               | 2011                  |                        |                     |
|      |   |                                     |                       |                        |                     |
|      | 6. TOTAL CONTRIBUTIONS.   |                                     |                       |                        |                     |
|      |   |                                     |                       |                        | 0                   |
|      | 7. TOTAL INDEPENDENT EX   | PENDITURES                          |                       |                        | 9730.17             |
|      |   |                                     |                       |                        | 0.00                |
|      |   |                                     |                       |                        |                     |
|      | er penalty of perjury I certify that the independention of, any candidate or authorized com   |                                     |                       |                        |                     |
|      | in were made by a corporation) I certify that   |                                     |                       |                        |                     |
| TVI  | PE OR PRINT NAME OF PERSON C  | OMPLETING FORM                      | SIGNATURE             |                        | DATE                |
|      | L OILFINITIVAME OF PERSON C   | OMI ELIMOTORINI                     | SIGNATURE             | [Electronically Filed] | DAIL                |
| Kin  | nberly Robinson   |                                     | Kimberly Robinson     |                        |                     |
|      |   |                                     |                       |                        | 10/15/2011          |
|      | NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g. |                                     |                       |                        |                     |
|      |   |                                     |                       |                        |                     |

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

5PG021 FEC Schedule 5 (REV. 09/2005)

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| NAME OF FILER (In Full)  NARAL Pro-Choice America                            |  |
|--|--|
| Full Name (Last, First, Middle Initial) of Payee                             |  |
| NARAL Pro-Choice Foundation  | Date   |
| Mailing Address 1156 15th Street,NW  | 07 07 2011   |
|  | Amount   |
| City State Zip Code Washington DC 20005                                      | 12.13<br>Transaction ID : D1626                          |
| Purpose of Expenditure List rental  Category/ Type                           | Office Sought: House State: CA                           |
| Name of Federal Candidate Supported or Opposed by Expenditure: Janice Hahn   | Check One: District: District: Oppose                    |
| Calendar Year-To-Date Per Election for Office Sought 48.5                    | Disbursement For: Primary General  2011  Other (specify) |
| Full Name (Last, First, Middle Initial) of Payee                             | Date   |
| NARAL Pro-Choice Foundation  | 07 07 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y              |
| Mailing Address 1156 15th Street,NW  | Amount   |
| City State Zip Code  |  |
| Washington DC 20005  | 12.12<br>Transaction ID : D1627                          |
| Purpose of Expenditure List rental  Category/ Type                           | Office Sought: House State: CA Senate 36                 |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>Craig Huey | President  Check One:  Support  Oppose                   |
| Calendar Year-To-Date Per Election for Office Sought                         | Disbursement For: Primary General 2011 Other (specify)   |
| Full Name (Last, First, Middle Initial) of Payee                             | Date   |
| NARAL Pro-Choice Foundation  | 09 / D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y               |
| Mailing Address 1156 15th Street,NW  | Amount   |
| City State Zip Code  | 1000   |
| Washington DC 20005  | 12.38<br>Transaction ID : D1628                          |
| Purpose of Expenditure List rental  Category/ Type                           | Office Sought: House State: NV Senate                    |
| Name of Federal Candidate Supported or Opposed by Expenditure:               | President District:02                                    |
| Kate Marshall  | Check One: Support Oppose                                |
| Calendar Year-To-Date Per Election for Office Sought                         | Disbursement For: Primary General  2011  Other (specify) |
| (a) SUBTOTAL of Itemized Independent Expenditures                            | 36,63  |
| (b) SUBTOTAL of Unitemized Independent Expenditures                          | <b>•</b>   |
| (c) TOTAL Independent Expenditures   | ·  |

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| AME OF FILER (In Full)<br>NARAL Pro-Choice America                           |                 |                   |                                       |   |                        |
|--|-----------------|-------------------|---------------------------------------|---|------------------------|
|  |                 |                   |                                       |   |                        |
| Full Name (Last, First, Middle Initial) of Payer NARAL Pro-Choice Foundation | 9               |                   | Date                                  |   |                        |
| Mailing Address  |                 |                   |                                       | 09 09 /                                     | 2011                   |
| 1156 15th Street,NW  |                 |                   | Amou                                  | nt  |                        |
| City   | State           | Zip Code          |                                       |   | 6.19                   |
| Washington   | DC              | 20005             | Tran                                  | saction ID : D1629                          | 0.10                   |
| Purpose of Expenditure List rental   |                 | Category/<br>Type | Office Soug                           | ht: X House<br>Senate                       | State: NV District: 02 |
| Name of Federal Candidate Supported or Op<br>Kate Marshall                   | posed by Expend | liture:           | Check One                             | President  Support                          | Oppose                 |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 101.41            | Disburseme X 0                        | nt For: Primary 2011 ther (specify)         | General                |
| Full Name (Last, First, Middle Initial) of Payer                             | )               |                   | Date                                  |   |                        |
| NARAL Pro-Choice Foundation  Mailing Address 1156 15th Street,NW             |                 |                   | [                                     | 09 09                                       | 2011                   |
|  |                 |                   | Amou                                  | ınt   |                        |
| City   | State           | Zip Code          |                                       |   | 6.19                   |
| Washington   | DC              | 20005             | · · · · · · · · · · · · · · · · · · · | saction ID : D1630                          |                        |
| Purpose of Expenditure List rental   |                 | Category/<br>Type | Office Soug                           | Senate                                      | State: NV District: 02 |
| Name of Federal Candidate Supported or Op<br>Mark Amodei                     | posed by Expend | liture:           | Check One                             | President Support                           | X Oppose               |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 101.41            | Disburseme X O                        | nt For: Primary<br>2011<br>ther (specify)   | General                |
| Full Name (Last, First, Middle Initial) of Payer                             | 9               |                   | Date                                  |   |                        |
| NARAL Pro-Choice Foundation  |                 |                   |                                       | 09 / D D /                                  | 2011                   |
| Mailing Address 1156 15th Street,NW  |                 |                   | Amou                                  | ınt   |                        |
| City   | State           | Zip Code          |                                       |   | 7.05                   |
| Washington   | DC              | 20005             | Tran                                  | saction ID : D1631                          | 7.25                   |
| Purpose of Expenditure List rental   |                 | Category/         | Office Soug                           |   | State: NV              |
|  | and to F        | Type              | _                                     | Senate<br>President                         | District:02            |
| Name of Federal Candidate Supported or Op<br>Kate Marshall                   | posea by Expend | iiture:           | Check One                             |   | Oppose                 |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 101.41            | Disburseme X O                        | nt For: Primary 2011 Primary ther (specify) | General                |
| (a) SUBTOTAL of Itemized Independent Exper                                   | nditures        |                   | ···· <b>\</b>                         | 7 1 7                                       | 19.63                  |
| (b) SUBTOTAL of Unitemized Independent Ex                                    | penditures      |                   | ··· •                                 |   |                        |
| (c) TOTAL Independent Expenditures(carry total from last page forward to     |                 |                   | ···· • [                              | 5 5   |                        |

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| AME OF FILER (In Full) NARAL Pro-Choice America                              |                 |                   |   |                        |
|--|-----------------|-------------------|---|------------------------|
|  |                 |                   |   |                        |
| Full Name (Last, First, Middle Initial) of Payer NARAL Pro-Choice Foundation | )               |                   | Date  | D / Y = Y = Y = Y      |
| Mailing Address 1156 15th Street,NW  |                 |                   | 09 1  |                        |
|  |                 |                   | Amount                                      |                        |
| City   | State           | Zip Code          |   | 7.25                   |
| Washington   | DC              | 20005             | Transaction ID : D1                         | 632                    |
| Purpose of Expenditure List rental   |                 | Category/<br>Type | Office Sought: House                        |                        |
| Name of Federal Candidate Supported or Op<br>Mark Amodei                     | posed by Expend | liture:           | Check One: Supp                             | ident<br>port X Oppose |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 101.41            | Disbursement For: Pri 2011 Other (specify)  | mary General           |
| Full Name (Last, First, Middle Initial) of Payer                             | Э               |                   | Date  |                        |
| XO Communications  Mailing Address 8851 Sandy Parkway                        |                 |                   | 09 / D                                      |                        |
| 0031 Sandy Farkway   |                 |                   | Amount                                      |                        |
| City   | State           | Zip Code          |   | 31.08                  |
| Sandy  | UT              | 84070             | Transaction ID : D1                         |                        |
| Purpose of Expenditure Web communications                                    |                 | Category/<br>Type | Office Sought: House                        | Glate.                 |
| Name of Federal Candidate Supported or Op<br>Kate Marshall                   | posed by Expend | liture:           | Check One: X Supp                           | ident                  |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 101.41            | Disbursement For: Pri 2011 Other (specify)  | mary General           |
| Full Name (Last, First, Middle Initial) of Payer                             | Э               |                   | Date  |                        |
| XO Communications  Mailing Address   |                 |                   | M M / D 1                                   | 2 2011                 |
| 8851 Sandy Parkway   |                 |                   | Amount                                      |                        |
| City   | State           | Zip Code          |   | 31.07                  |
| Sandy  | UT              | 84070             | Transaction ID : D1                         |                        |
| Purpose of Expenditure Web communications                                    |                 | Category/<br>Type | Office Sought:                              | ite 02                 |
| Name of Federal Candidate Supported or Op                                    | posed by Expend | liture:           | Pres  |                        |
| Mark Amodei  |                 |                   | Check One: Supp                             |                        |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 101.41            | Disbursement For: Pri 2011  Other (specify) | mary General           |
| (a) SUBTOTAL of Itemized Independent Expe                                    | nditures        |                   | . •   | 69.40                  |
| (b) SUBTOTAL of Unitemized Independent Ex                                    | penditures      |                   | . •   | 7                      |
| (c) TOTAL Independent Expenditures(carry total from last page forward to     |                 |                   | <b>&gt;</b>                                 | 7                      |

PAGE 5 OF 7 FOR LINE 7 OF FORM 5

| NAME OF FILER (In Full)  NARAL Pro-Choice America                        |                         |  |
|--|-------------------------|--|
|  |                         |  |
| Full Name (Last, First, Middle Initial) of Paye                          | e                       | Date   |
| M+R Strategic Services   |                         | M M / D D / Y Y Y Y                                    |
| Mailing Address 2120 L Street, NW  |                         | 09 27 2011   |
| 6th Floor  |                         | Amount   |
| City   | State Zip Code          | 300  |
| Washington   | DC 20037                | Transaction ID : D1635                                 |
| Purpose of Expenditure Email Delivery                                    | Category/<br>Type       | Office Sought: House State: MN Senate District: 06     |
| Name of Federal Candidate Supported or Op<br>Michelle Bachmann           | posed by Expenditure:   | President  Check One: Support Oppose                   |
| Calendar Year-To-Date Per Election for Office Sought                     | 3009.37                 | Disbursement For: Primary General 2012 Other (specify) |
| Full Name (Last, First, Middle Initial) of Paye                          | е                       | Date   |
| Facebook  Mailing Address 450 University August                          |                         | 09 / 27 / 2011   |
| 156 University Avenue  |                         | Amount   |
| City   | State Zip Code          | 875  |
| Palo Alto  | CA 94301                | Transaction ID : D1636                                 |
| Purpose of Expenditure<br>Web Advertising                                | Category/<br>Type       | Office Sought: House State: MN Senate 06               |
| Name of Federal Candidate Supported or Op<br>Michelle Bachmann           | posed by Expenditure:   | President District:  Check One: Support X Oppose       |
| Calendar Year-To-Date Per Election for Office Sought                     | 3009.37                 | Disbursement For: Primary General Other (specify)      |
| Full Name (Last, First, Middle Initial) of Paye                          | e                       | Date   |
| NARAL Pro-Choice Foundation  |                         | 09 / 09 / 2011   |
| Mailing Address 1156 15th Street,NW                                      |                         |  |
|  |                         | Amount   |
| City<br>Washington   | State Zip Code DC 20005 | 5.63   |
| <u> </u>   |                         | Transaction ID : D1637  Office Sought: House State: NY |
| Purpose of Expenditure List rental                                       | Category/<br>Type       | Senate District: 09                                    |
| Name of Federal Candidate Supported or Op Dave Weprin                    | posed by Expenditure:   | Check One: President  Check One: Oppose                |
| Calendar Year-To-Date Per Election for Office Sought                     | 22.75                   | Disbursement For: Primary General  Other (specify)     |
| (a) SUBTOTAL of Itemized Independent Expe                                | enditures               | 1180,63  |
| (b) SUBTOTAL of Unitemized Independent Ex                                | xpenditures             | ·· •   |
| (c) TOTAL Independent Expenditures(carry total from last page forward to |                         |  |

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| AME OF FILER (In Full)<br>NARAL Pro-Choice America                           |                 |                   |  |  |
|--|-----------------|-------------------|--|--|
|  |                 |                   |  |  |
| Full Name (Last, First, Middle Initial) of Payer NARAL Pro-Choice Foundation | 9               |                   | Date   | D / Y Y Y Y                              |
| Mailing Address 1156 15th Street,NW  |                 |                   | 09   | 09 2011                                  |
|  |                 |                   | Amount   |  |
| City Washington  | State<br>DC     | Zip Code<br>20005 |  | 5.62                                     |
| Purpose of Expenditure List rental   |                 | Category/<br>Type | Office Sought: X Hou                           | use State: NY                            |
| Name of Federal Candidate Supported or Op<br>Bob Turner                      | posed by Expend | liture:           | Pre  | District: sident                         |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 22.75             | Disbursement For: P<br>2011<br>Other (specify) | rimary General                           |
| Full Name (Last, First, Middle Initial) of Payer                             | Э               |                   | Date   |  |
| NARAL Pro-Choice Foundation  Mailing Address  1156 15th Street,NW            |                 |                   |  | 12 2011                                  |
| - 1156 15th Street,NVV   |                 |                   | Amount   |  |
| City   | State           | Zip Code          |  | 5.75                                     |
| Washington   | DC              | 20005             | Transaction ID : D                             |  |
| Purpose of Expenditure<br>List rental  |                 | Category/<br>Type | Office Sought:   Hor                           | use State: NY                            |
| Name of Federal Candidate Supported or Op Dave Weprin                        | posed by Expend | liture:           | Pre Check One: X Sup                           | esident District:  oport Oppose          |
| Calendar Year-To-Date Per Election for Office Sought                         | ,               | 22.75             | Disbursement For: P 2011 Other (specify)       | rimary General                           |
| Full Name (Last, First, Middle Initial) of Payer                             | 9               |                   | Date   |  |
| NARAL Pro-Choice Foundation  |                 |                   |  | 12 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y |
| Mailing Address 1156 15th Street,NW  |                 |                   | Amount   | للنبا ك                                  |
| City   | State           | Zip Code          |  | <del></del>                              |
| Washington   | DC              | 20005             | Transaction ID : D                             | 5.75                                     |
| Purpose of Expenditure List rental   |                 | Category/<br>Type | Office Sought: X Hou                           | use State: NY                            |
|  |                 |                   | Ser  | nate District:<br>sident                 |
| Name of Federal Candidate Supported or Op<br>Bob Turner                      | posed by Expend | liture:           |  | pport X Oppose                           |
| Calendar Year-To-Date Per Election for Office Sought                         |                 | 22.75             | Disbursement For: P 2011 Other (specify)       | rimary General                           |
| (a) SUBTOTAL of Itemized Independent Exper                                   | nditures        |                   | <b>&gt;</b>                                    | 17.12                                    |
| (b) SUBTOTAL of Unitemized Independent Ex                                    | penditures      |                   | · •  | 7  |
| (c) TOTAL Independent Expenditures(carry total from last page forward to     |                 |                   | <b>&gt;</b>                                    | 7  |

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| NAME OF FILER (In Full)  NARAL Pro-Choice America                                |                   |   |
|--|-------------------|---|
| Full Name (Last, First, Middle Initial) of Payee                                 |                   | Date  |
| NARAL Pro-Choice Foundation  |                   | M = M / D = D / Y = Y = Y   |
| Mailing Address 1156 15th Street,NW  |                   | 09 23 2011<br>Amount  |
| City State   | Zip Code          | Amount  |
| Washington DC  | 20005             | 404.63<br>Transaction ID : D1641                                      |
| Purpose of Expenditure<br>List rental  | Category/<br>Type | Office Sought: House State: MN Senate District: 00                    |
| Name of Federal Candidate Supported or Opposed by Expe<br>Michelle Bachmann      | enditure:         | President Support Oppose  |
| Calendar Year-To-Date Per Election for Office Sought                             | 8406.76           | Disbursement For: Primary General 2011 Other (specify)                |
| Full Name (Last, First, Middle Initial) of Payee                                 |                   | Date  |
| NARAL Pro-Choice Foundation  |                   | 09 27 2011  |
| Mailing Address 1156 15th Street,NW  |                   | Amount  |
| City State   | Zip Code          | 8002.13   |
| Washington DC  | 20005             | Transaction ID : D1642  |
| Purpose of Expenditure List rental   | Category/<br>Type | Office Sought: House State: MN Senate 00                              |
| Name of Federal Candidate Supported or Opposed by Expe<br>Michelle Bachmann      | enditure:         | President District: OF Support OF |
| Calendar Year-To-Date Per Election for Office Sought                             | 8406.76           | Disbursement For: Primary General Other (specify)                     |
| Full Name (Last, First, Middle Initial) of Payee                                 |                   | Date  |
|  |                   | M M / D D / Y D Y   |
| Mailing Address  |                   |   |
|  |                   | Amount  |
| City State   | Zip Code          |   |
| Purpose of Expenditure   | Category/<br>Type | Office Sought: House State:   |
| Name of Federal Candidate Supported or Opposed by Expe                           | anditure:         | District:   |
| Marile of Federal Candidate Supported of Opposed by Expe                         | maiture.          | Check One: Support Oppose   |
| Calendar Year-To-Date Per Election   |                   | Disbursement For: Primary General                                     |
| for Office Sought  |                   | Other (specify)   |
| (a) SUBTOTAL of Itemized Independent Expenditures                                |                   | . ▶ 8406.76   |
| (b) SUBTOTAL of Unitemized Independent Expenditures                              |                   | -   |
| (c) TOTAL Independent Expenditures(carry total from last page forward to Line 7) |                   | 9730.17   |